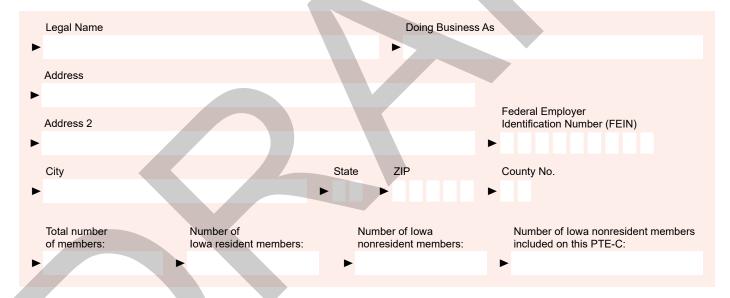


	Partnership	Limited Liability Company	Limited Liability Partnership	Corporation Association	Estate/Trust Other
Type of Entity:	•	<b>•</b>	•	<b>+</b>	<b>-</b>
		Partnership (IA 1065)		S corporation (IA 1120S)	Fiduciary (IA 1041)
Filing Pass-thro	ugh Return Typ	pe: ▶			<b>&gt;</b>

## **Pass-through Entity Name and Address**



## **Enter Dollars and Cents**

1.	Total Iowa composite tax from IA PTE-C Nonresident Member Schedule, Column I	▶ 1
2.	Composite credits from K-1s. Include Schedule CC	▶ 2
3.	Composite credits claimed on 1120F. For franchise filers only	▶ 3
4.	Composite credits claimed on 1041. For estate/trust filers only	▶ 4
5.	Net composite credits claimed on this PTE-C return.  Line 2 minus lines 3 and 4	▶ 5

## **2022 IA PTE-C, page 2**

Entity's FEIN

		Enter Dollars and Cents
	6. Overpayment carryforward from prior period. Enter \$0 for tax year 2022	▶ 6
	7. Estimated and voucher payments made for tax year 2022	▶ 7
	8. Total of payments/credits. Add lines 5, 6, and 7	▶ 8
	9. If line 8 is more than line 1, subtract line 1 from line 8.  This is the amount you overpaid	▶ 9
	10. Amount of line 9 to be applied to 2023 IA PTE-C return	▶10
	11. Amount of line 9 to be REFUNDED. Subtract line 10 from line 9	▶11
	11a. Routing number  11b. Savings Checking  11c. Account number	per
	12. If line 1 is more than line 8, subtract line 8 from line 1. This is the TOTAL AMOUNT OF TAX YOU OWE	▶12
	13. Penalty	▶13
	14. Interest	▶14
	15. TOTAL AMOUNT DUE. Add lines 12, 13, and 14	▶15
	gned, declare under penalties of perjury or false certificate, that I have examined the strue, correct, and complete.	his return, and, to the best of my know
uthorize	d person or pass-through representative's name (printed)	Phone number
uthorize	d person or pass-through representative's name (printed)  Title	Phone number
		Phone number  Date
	Signature of authorized person, or pass-through representative	<b>•</b>
	Signature of authorized person, or pass-through representative	<b>•</b>
ere <b>•</b>	Signature of authorized person, or pass-through representative	Date
ere ►	Signature of authorized person, or pass-through representative	Date  M M D D Y Y Y Y
ere >	Signature of authorized person, or pass-through representative  Preparer's signature	Date  Date  M M D D Y Y Y Y  Date  M M D D Y Y Y Y
ere >	Signature of authorized person, or pass-through representative	Date  Date  Date
ere Dere Dere	Signature of authorized person, or pass-through representative  Preparer's signature  's name (printed)	Date  M M D D Y Y Y Y  Date  M M D D Y Y Y Y  Preparer's phone number
ere Dere Dere	Signature of authorized person, or pass-through representative  Preparer's signature	Date  Date  M M D D Y Y Y Y  Date  M M D D Y Y Y Y
ere bere	Signature of authorized person, or pass-through representative  Preparer's signature  's name (printed)	Date  Date  M M D D Y Y Y Y  Date  Preparer's phone number  Preparer's PTIN

Pass-through Entity Name

41-174b (06/21/2022)



Iowa Composite Return tax.iowa.gov

IA PTE-C Nonresident Member Schedule	•	s FEIN	For Calendar Year 2022 or other fiscal year  ▶ to ▶				-		
Nonresident m	nember's	B Social Security Number	C Federal Employer Identification Number (FEIN)	D Entity Type Code	E Percent ownership	F Exemption Code (if applicable)	G Iowa-source income from Iowa K-1	H Applicable lowa tax rate	I Amount of Composite Tax Due (Column G x Column H. If less than \$0, enter \$0)
-	Þ		• III III III	<b>&gt;</b>		% <b>&gt;</b>		<b>▶</b> %	
•	•		-	-		<b>%</b> ► ►		<b>&gt;</b> %	•
-	٠		-	-		% ► <b>►</b>		<b>&gt;</b> %	
•	Þ		•	-		<b>%</b> ► ►		<b>&gt;</b> %	•
•	٠			<b>-</b>		% ▶		<b>&gt;</b> %	
•	-			•		% <b>►</b>		<b>&gt;</b> %	•
•	٠		Y	•		% ▶		<b>&gt;</b> %	•
•				<b>&gt;</b>		% ▶		<b>&gt;</b> %	•
		Totals from col	umns G, and I for this page.			<b></b>		ı	-
		Summary total	s from additional pages			<b>•</b>		1	-
		3. Totals of colum	nns G, and I (line 1 + line 2).						